

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/13/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>155535</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b>  <b>05/10/2016</b>	
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW CROSSING HEALTH &amp; REHABILITATION CENTER</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>3550 CENTRAL AVE</b> <b>COLUMBUS, IN 47203</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>This visit was for the Investigation of Complaint IN00199068.</p> <p>This visit was in conjunction with the PSR to the Investigation of the Complaint IN00195608 completed on March 30, 2016.</p> <p>Complaint IN00199068 - Substantiated. No deficiencies related to the allegations are cited.</p> <p>Survey dates: May 9 and 10, 2016</p> <p>Facility number: 000572 Provider number: 155535 AIM number: 100267710</p> <p>Census bed type: SNF/NF: 66 Total: 66</p> <p>Census payor type: Medicare: 3 Medicaid: 56 Other: 7 Total: 66</p> <p>Sample: 3</p> <p>Willow Crossing Health &amp; Rehabilitation Center was found to be in compliance with 42 CFR 483, Subpart B and 410 IAC 16.2-3.1 in regard to the Investigation of Complaint IN00199068.</p> <p>Quality review completed by 30576 on May 12, 2016</p>			F 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.